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Original Research

Inpatient Satisfaction with Skill and Competencies of Health Care Providers among Patients Admitted to Nekemte Referral Hospital, Nekemte, Ethiopia

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Abstract

It is essential to have an overview of theoretical notions of satisfactions and expectations of the customers, generalities in planning intensive care units, social system, doctor patient relationships, physician role and behavior, nurse behavior, patient role and opinions. An organization exists to achieve its goal, the goal of hospital, whatever one may say, is always primarily to provide highest quality of patient care and other objectives are secondary. The objective of the study was to assess the level of inpatient satisfaction with health service provision among patients admitted to Nekemte hospital. An institution based cross-sectional study was conducted on inpatient satisfaction with health service provision among patients admitted to Nekemte hospital from 27/10/014 to 24/12/014. Valid and reliable questionnaires and in-depth interviews were administered to patients admitted to the hospitals during the study period. A total of 422 respondents were participated in the study with 38.6±14.7 mean age. The protestant 229(54.3%) was the leading religion followed by orthodox 121(28.7%). Oromo 362(86%) was the leading ethnicity. The overall satisfaction of patients with health care provision was 148(35.1%). Among the card room staff's 283(67.1%) of them were not polite for their clients and 251(59.5%) of them were discriminating their patients and 325(77%) of the respondents replied the guardians were not treating their clients friendly, 264 (62.6%) replied they were not timely served with food supply. The water supply from the hospital was unable to satisfy 264(62.6%) of the inpatients and 377(89.3%) of them were not satisfied with use of latrine. More than half 223(52.8%) of the respondents replied they were not getting all the drugs prescribed from the hospital. Satisfaction with courtesy of nursing staff 179(42.4%), courtesy of physicians 100(23.7%), courtesy of laboratory technologists 87(20.6%), food services 42(10.0%). Respondents were mostly satisfied with the services of physicians 181(42.9%) and nurses 145(34.4%). Inpatient satisfactions with the overall nursing care were 247(58.5%), Most patients 387(91.7%) were interested to be visited by their relatives; therefore, adequate time has to be allocated for visitors. Most complaints were regarding the guardian and the card room staffs therefore the hospital has to provide training on ethics of reception of clients. Comparatively, patients were satisfied with technical staffs than administrative staffs. Therefore, the cleanliness, food supply, water supply, staff coordination, which can be corrected by the hospital managers without additional budget allocation.

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INTRODUCTION

The absence of a solid conceptual basis and consistent measurement tool for consumer satisfaction has led, over the past 10 years, to a proliferation of surveys that focus exclusively on patient experience, i.e. aspects of the care experience such as waiting times, the quality of basic amenities, and communication with health-care providers, all of which help identify tangible priorities for quality improvement. In the future, measures of patient experience, intended to capture the "responsiveness" of the health system, a concept developed by WHO, are likely to receive even greater attention as physicians and hospitals come under growing pressure to improve the quality of care, enhance patient safety and lower the cost of services. Health system responsiveness specifically refers to the manner and environment in which people are treated when they seek health care (Valentine *et al*., 2008).

Many researchers consider patient satisfaction as the purpose of health care which inevitably affects other purposes and results, as an important source of information for the qualitative improvement of care, as a therapeutic intervention contributing in self-therapy, while others suggest that measuring it can be successfully used in personnel administration as well as promoting medical services, after carefully studying the market conditions (Merkouris, 2008).

Probably the most important reason to conduct patient satisfaction surveys is that they provide the ability to

identify and resolve potential problems before they become serious. They can also be used to assess and measure specific initiatives or changes in service delivery. They can identify those operations and procedures that require better explanation to patients. And most importantly, they can increase patient loyalty by demonstrating your care about their perceptions and are looking for ways to improve.

It is essential to have an overview of theoretical notions of satisfactions and expectations of the customers, generalities in planning intensive care units, social system, doctor patient relationships, physician role and behavior, nurse behavior patient role and opinions. An organization exists to achieve its goal, the goal of hospital, whatever one may say, is always primarily to provide highest quality of patient care and other objectives are secondary.

Patient satisfaction is an important indicator of healthcare system performance. High patient satisfaction is associated with greater trust in caregivers, improved compliance with treatment recommendations and a better quality of life (QOL). There are few validated instruments to measure surgical patients' satisfaction. A national survey conducted in cancer patients in England for four common cancers: breast, colorectal, lung and prostate (55,674 patients) found that dissatisfaction was greater (P<0.001) in younger and female patients and breast cancer patients expressed least, and prostate cancer patients expressed greatest dissatisfaction (Merkouris, A. et al, 1999). A study in Bangladesh found that the most powerful predictor for client satisfaction with health services was provider behavior, especially respect and politeness. Furthermore reduction in waiting time was more important to clients than prolongation of consultation time.

The quality of physician–patient relationships and interactions are themselves important in influencing health outcomes. Clear explanation of procedures by physicians and decision making participation by patients has been shown to positively influence clinical outcomes. Moreover the attitudes and behaviour of health professionals are known to have an important influence on patient care and quality of care (Jorge, Herga and Ahmed 2001).

In Egypt, participants in a discussion group complained about the attitude of staff at a local rural hospital with one respondent summing up the experience ”They have their noses up in the air and neglect us” (Jorge, Herga and Ahmed, 2001). A very recent study in Tanzania found that most patients were satisfied with the services and care they received (Peter and Berman, 2000).

The degree of patient satisfaction can be used as a means of assessing the quality of health care and the personnel. It reflects the ability of the provider to meet the patients’ needs. Satisfied patients are more likely than the unsatisfied ones to continue using the health care services, maintaining their relationships with specific health care providers and complying with the care regimens (Yousef Hamoud and Mohamed Issa, 2011).

Patients carry certain expectations before their visit and the resultant satisfaction or dissatisfaction is the outcome of their actual experience (Andrabi Syed Arshad, *et al*., 2012). Health care is changing rapidly. Customers are educated and are demanding that we meet their needs. In the ideal service environment, we do not want to just meet the customers’ needs; we want to “delight” the customer. It is important, then, to identify all of our customers (Marni Reisberg, 1996). Patient-Centered Care can improve treatment outcomes, and its implementation has become the focus of national and local efforts to optimize health and health care delivery. Patients’ satisfaction with care is one of the pillars of patient-centered care.

The quality of physician – patient relationships and interactions are themselves important in influencing health outcomes. Clear explanation of procedures by physicians and decision making participation by patients has been shown to positively influence clinical outcomes (Surjit S. Wadhwa, 2002). More over the attitudes and behavior of health professionals are known to have an important influence on patient care and quality of care (Rockwell Schulz and Alton C. Johnson, 1990).

Satisfaction is related to more partnership building, more social conversation, and courtesy, clear communication and information, respectful treatment, and length of consultation, cleanliness of facility, drug availability and waiting time (Ford, Bach and Fottler, 1997, Perrin, Kuhlthau and Walker, 1997). Measurement of patient satisfaction involves multi-dimensional aspects of patients' opinion on health care, identifying problems in health care, and evaluation of health care (Ayatollahi, 1999; Demir and Celik, 2002; Annemieke and Andrew, 2006 and Kleeberg *et al*., 2008).

The majorities, 83% of patients were quite satisfied with their care and 1% was dissatisfied. About 91% of patients were most satisfied with physician communication and treatment. Only 27% of patients were satisfied with nutrition status. There was no relationship between age, education and total satisfaction. Percentage of patient faithfulness and recommendation for this hospital to their friends was 66% and 65% respectively. Both male and female patients whose hospital stay was between 11-15 days were more satisfied with the service provided (Abbas Hajifathali *et al*., 2008). Four hundred eighty one (89.4%) patients were "very satisfied" with their overall experience with CTCA. A high proportion of patients were "very satisfied" with scheduling of their first visit (n = 475, 88.5%) and the speed of admissions and registrations (n = 483, 89.8%). Relatively smaller number of patients (n = 355 (67%)) were "very satisfied" with the amount of time they had to wait for the appointments. The level of patient satisfaction with CTCA physicians and staff, all physician satisfaction items had a "very satisfied" rating of over 80%. Satisfaction with the staff was high with 92.9% of the patients "very satisfied" (Cleary, 1999). The majority of respondents were males 201 (52.3%), age group 45-54 years 102 (26.4%); and with family monthly income US$200-500, 234 (60.9%). The highest number and percentage 375 (97.7%) of respondents were admitted at general room, and 204(54.0%) of them were admitted at teaching hospital B of The University of Medical Science. The findings revealed that a vast majority of these respondents (82.8%) were satisfied with the nursing care provided to them, while the others (17.2%) were not. There was a significant relationship between patients’ satisfaction and University’s hospital, types of treatment (P≤0.05). Also; the University’s

hospitals were the best predictor for level of satisfaction (Christopher G. Lis *et al*., 2O10).

An exploratory study investigated the relationship among staff nurses' assessment of organizational culture, job satisfaction, inpatient satisfaction with information about home care and follow-up. General inpatient satisfaction with nursing care found that strength of organizational culture predicted job satisfaction well and positively; job satisfaction predicted inpatient satisfaction significantly and positively; and inpatient satisfaction predicted general inpatient satisfaction well and positively. A study conducted in a prospective cohort of 39 patients with recurrent gynecologic malignancies receiving chemotherapy found that patient evaluation of care is more closely related to the interpersonal aspects of the health care provider relationship than it is to physical symptoms (Christopher G. Lis, *et al.,* 2010).

Some studies found information received, technical competences, interpersonal and communication skills, time spent talking with doctors and nurses, accessibility and coordination of care, waiting times, and patients' emotional needs as important or priority areas to improve cancer care services (Yunus *et al*., 2004; Ministry of Health and Medical Education, 2009; Sherlaw-Johnson, Datta and McCarthy, 2008). In yet another study 'skills of nursing staff ', 'courtesy of nursing staff ', 'courtesy of people who drew blood' and 'cleanliness of hospital in general' were sought predictors of patients' overall perceptions of the quality of care. Several studies in the literature have demonstrated the adverse impacts of fatigue on physical, emotional, economic and social aspects of cancer patients' lives (Von Gruenigen *et al*., 2006).

The quality of physician–patient relationships and interactions are themselves important in influencing health outcomes. Clear explanation of procedures by physicians and decision making participation by patients has been shown to positively influence clinical outcomes. More over the attitudes and behavior of health professionals are known to have an important influence on patient care and quality of care (FMOH, 2004). A study in Bangladesh found that the most powerful predictor for client satisfaction with health services was provider behavior, especially respect and politeness. Furthermore reduction in waiting time was more important to clients than prolongation of consultation time.

There is lack of studies about level of patient satisfaction with health service provision among patients admitted to Hospitals in western Ethiopia. Therefore, the aim of this study was to find out patient satisfaction with health services and to explore the associated factors in western Ethiopia.

MATERIALS AND METHODS

Study Area

This study was conducted in Nekemte Referral Hospital, hospital found in western part of Ethiopia, East Wollega Zone, Oromia region, 331 kms far away from Addis Ababa. It has an altitude of 2045 meters above sea level. Nekemte town is the capital of east Wollega zone. It is divided in to six sub cities. The total population of the town is estimated to be 96,864 (CSA, 2000).

The existing health facilities in the town include: one hospital, two health centers (both governmental), two NGO clinics, nine midlevel and 16 small private clinics, five drug stores and supplies, seven pharmacies and five rural drug vendors. The town has got 24 hours electricity and telecommunication services.

Nekemte hospital was established in 1932 by Sweden missionaries. It has eight specialists, eleven general practitioners, 71 nurses, 9 health officers, 8 laboratory technicians, 7 pharmacy technicians, 2 sanitarians and 78 administrative staffs. The hospital has 178 beds. The number of patients treated at OPD level per year is estimated to be 71,178 and 7,108 patients were treated at inpatient department.

Study Design

An institution based cross-sectional study was conducted in Nekemte Referral hospital. The study was conducted between 27/10/2014 to 24/12/2014. All patients admitted and treated in Nekemte Referral hospital were included. All patients admitted in all wards of Nekemte Referral hospital during data collection time.

The following assumptions were made to determine the sample size: to obtain minimum sample size, the population proportion for prevalence of inpatient satisfaction were taken to be 50%, with the margin of error (desired precision) 5% and 95% confidence interval. The total populations of Nekemte referral hospital catchment areas were expected to be greater than 10,000. The actual sample size was calculated using single proportion formula.

The formula to calculate the sample size

$$n = \frac{(z\alpha/2)^2 p(1-p)}{D^2} = \frac{(1.96)^2 \times 0.5(1-0.5)}{(0.05)^2} = 384 + 38 = \mathbf{422}$$

On the sample size 10% contingency (38) were added, therefore, the total sample size was 422. Zα/2 =the confidence limits of the survey result (critical value at 95% confidence interval of certainty) = (1.96)' P= the proportion of study population to inpatient satisfaction= 50%' D= the desired precision of the estimate (the margin of error between the sample and population (5%))' n= the total sample size (422).

In this study, Nekemte hospital was selected to study inpatient satisfactions, who were admitted at the time of data collection from 27/10/2014 to 24/12/2014. The sampling technique selected for the study was probability (stratified and systematic) sampling. The average stay of inpatients in the hospital was taken to be 10 days. In one month there were three patients expected to be admitted in the hospital per bed. There are a total of 178 beds in the hospital (178 bedsx3=534 patients admitted per four weeks). The data were collected for 8weeks. Therefore, 534x2=1068 patients were expected to be admitted in 8weeks. The total sample size calculated with single population proportion taken to be 50% is 422. When 1068/422=2.53, k=3. The hospital wards bed numbers were as follows: - (medical ward=45, surgical ward=38, Obstetrics ward=44 and Pediatrics ward=51). The data contains quantitative and qualitative analysis. For quantitative data, structured questionnaires were used. To calculate the number of data collected in first 10days were 178beds/k=178beds/3=59.33. The time taken to get the

whole 422 is 422/59.33 = 7 weeks. Since the whole bed cannot be occupied, the total time taken was extended to 8weeks. (Medical ward=45/3=15x7=105, surgical ward= 38/3=12.67x7=89, Obstetrics ward=44/3=102 and Pediatrics ward=51/3=17x7=119).

Patients, who were included in the study, were those who were voluntary to participate in the study, had no history of mental illness and were able to communicate. Mentally ill, critically sick, deaf and unconscious patients who were unable to communicate were excluded from the study.

The dependent variable is inpatient satisfaction with providers competence and the independent variables were Socio-demographic variables (Age, Educational status, occupation**,** ethnicity, Religion, income, marital status, Family size**),** Knowledge of the patient**,** Method and quality of care, competence of provider, result delivery systems, Reception, confidentiality and privacy length of hospital stay, relationship of patients with the HCW and Laboratory Tests.

Data Collection Techniques and Procedures

Valid and reliable structured questionnaires and in-depth interviews were used to collect data from respondents. Pre-test was done before the main study on clients whose number were about 10% of the total respondents and not be included in the main study. For qualitative data, an in-depth interview was used and video recorded. For patients or their attendant who can read Afaan Oromo and Amharic can fill the questionnaires by themselves because this helped them to fill the questionnaires confidently. But for those patients who cannot read Afaan Oromo and Amharic, the data collectors interviewed them and fill their responses. Great care was taken during the training and supervision to avoid differences in interpreting the interview schedule. For patients whose age is less than 15 years, families were interviewed for their satisfaction.

To maximize the quality of data: The proposal was seen by advisors and permission was granted for the study to be conducted from Wollega university, Oromia region, east Wollega zonal health bureaus and hospital directors, four trained data collectors were collected the data from the hospital, the professionals commented on the contents, the appropriateness and clarity of questions, the questionnaires were seen and commented by friends, quantitative analysis was triangulated with qualitative analysis, study participants were told that their responses are extremely confidential at any circumstance and they were not be coerced, probability sampling technique was used (stratified and systematic), pre-tests were conducted on 10% of the sample size, supervisions were done every day during data collection time to each data collectors.

Ethical Consideration

Ethical clearance and permission was obtained from Wollega University Institutional Research Review Board. Permission was secured from each Hospital through a formal letter. Hospital medical directors were briefed on the relevance and objectives of the study. The purpose of the study was explained to the participants and written informed consent was obtained from each participant. The interviews were taken place in a separate room in the ward, and the answers were treated anonymously. Participation was voluntary and was clearly stated in the informed consent, which the informants were asked to sign before the interview. The patients were also told that the information's obtained from them were treated with complete confidentiality.

Data Entry and Analysis

The questionnaires were checked by supervisors and principal investigator for its completeness and entered in SPSS for windows (version 20) and analysis were done using bivariate and multivariate logistic regression to see the effect of the independent variables on the dependent variables by controlling confounders. Statistical significance was evaluated at 0.05 levels of significance. X^2 test and odds ratios were applied to see the association between the variables. Descriptive statistics were also be applied as necessary. Tables and bar graphs were used to present the data.

RESULT

Socio-demographic Variables

A total of 422 respondents were participated in the study. The mean ages of participants were 38.6 with standard deviation of 14.7. The age ranges of participants were 15-90. The dominant age group was from 36-50 years which accounts 153(36.3%). With regard to the sex distribution, 232(54.3%) were males and the rests were females. Protestant 229(55%) and Orthodox 121(28.7%) were the major religion. Oromo was the leading ethnic group with 362(86%) respondents. Concerning the marital status 300(71.1%) married and 88(20.9%) unmarried respondents were participated in the study. Most of the respondents were illiterate 165 (39.1%) and primary schools were 111(26.3%) and they both constitute 276(65.4%). The occupational status of the respondents were housewives 99(23.5%) followed by daily laborers 85(20.1%). Most of the respondents have a family size of 4-6 members which accounts 188(44.5%) followed by 7-10 family members 117(27.7%) (Table 1).

Professional Competencies and Skills of the Health Workers

The overall satisfaction levels of inpatients with health care providers were 322(76.3%). The satisfaction levels of inpatients with the skills and abilities of the providers who were highly satisfied, moderately satisfied and neutral were 110(26.1%), 109(25.8%), 103(24.4%) respectively. But 81(19.2%) moderately dissatisfied and 19(4.5%) were highly dissatisfied (Figure 1)

The levels of inpatient satisfaction with the completeness of the information given to them were 348(82.5%) including those who were neutral. The degree of satisfaction of inpatients were highly satisfied 97(23%), moderately satisfied 117(27.7%) and neutral 134(31.8%). But 63(14.9%) moderately dissatisfied and 11(2.6%) were highly dissatisfied (Figure 2).

Among the respondents 326(77.3%) recommend other patients to come and be treated at this hospital. This is statistically significant with inpatient satisfaction at (*P*-value=0.05, OR= 2.2), but 96(22.7%) patients responded they were not interested to come back and be treated in the hospital (Table 2).

Table 1: Socio-demographic variables of inpatients admitted to Nekemte hospital 2014.

Socio-demographic variables		Frequency	Percent	Cumulative Percent
Age	<18	15	3.6	3.6
	18-25	86	20.4	24.5
	26-35	93	22.0	47.1
	36-50	153	36.3	84.2
	51-65	53	12.6	97.1
	66-75	12	2.8	100.0
	>75	412	97.6	3.6
	Total	**422**	**100**	
Sex	Male	232	55.0	55.0
	Female	190	45.0	100.0
	Total	**422**	**100**	
Occupation	House wife	99	23.5	23.5
	Daily laborer	93	22.0	45.5
	Merchant	98	23.2	68.7
	Student	62	14.7	83.4
	Government Employee	12	2.8	86.3
	Farmer	58	13.7	100.0
	Total	**422**	**100**	
Ethnicity	Oromo	363	86.0	86.0
	Amhara	40	9.5	95.5
	Tigray	10	2.4	97.9
	Gurage	5	1.2	99.1
	other	4	.9	100.0
	Total	**422**	**100**	
Educational status	Illiterate	165	39.1	39.1
	Primary	111	26.3	65.4
	Secondary	72	17.1	82.5
	College & above	74	17.5	100.0
	Total	**422**	**100**	
Average monthly income	<1000	161	38.2	38.2
	1000-2000	74	17.5	55.7
	2001-3000	47	11.1	66.8
	3001-4000	43	10.2	77.0
	4001-5000	53	12.6	89.6
	>5000	44	10.4	100.0
	Total	**422**	**100**	
Family size	1-3	100	23.7	23.7
	4-6	188	44.5	68.2
	7-10	117	27.7	96.0
	>10	17	4.0	100.0
	Total	**422**	**100**	

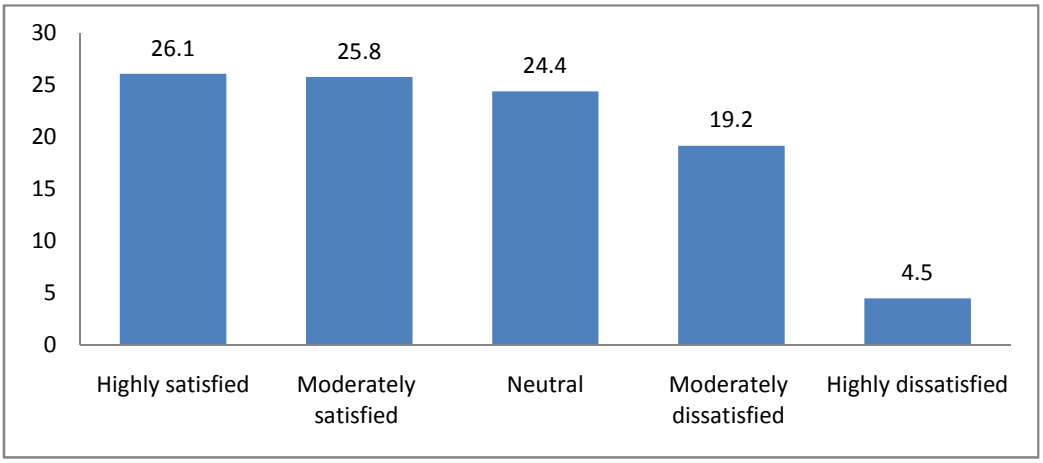

Figure 1: Percentage distributions of levels of inpatient satisfaction with skills and competencies of health care providers

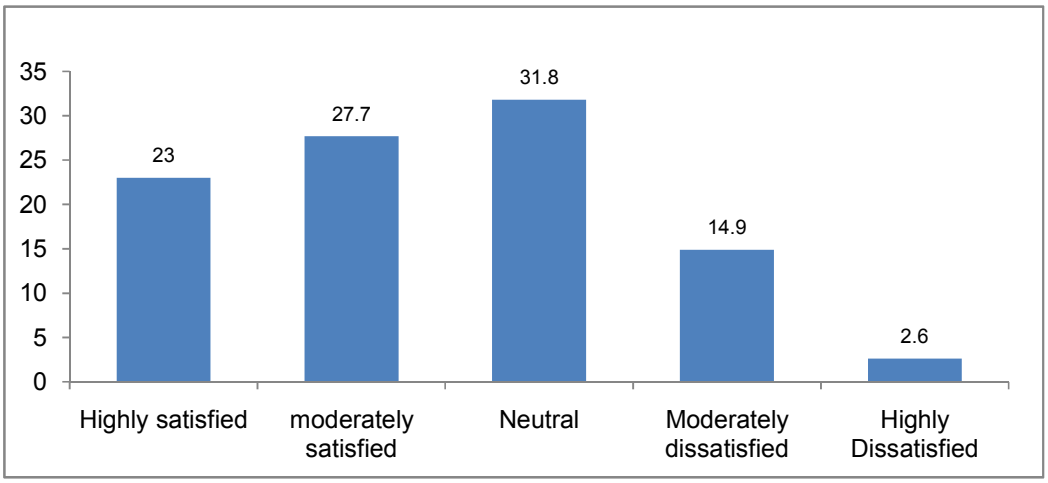

Figure 2: Percentage distribution of inpatient satisfaction with the completeness of the information given to them by health care providers

Concerning the respect of the physician to their duties, 337(79.9%) of the respondents replied they were respecting their duties and statistically significant with inpatient satisfaction at (*P*-value=0.05, OR= 2.8), and 343(81.3%) of the physicians were available during the working time and associated with inpatient satisfaction at (*P*-value=0.05, OR= 3.0). Among the physicians 242(57.3%) of them were patient in treating their clients at (*P*-value= 0.05, OR= 3.3) statistical significance and 356(84.4%) were communicating their patients' problems to them (*P*-value=0.05, OR= 4.16).

Among the inpatients 311(73.7%) of them replied they got adequate examinations from their physicians and is statistically associated at (*P*-value=0.05, OR= 3.43), and 252(59.7%) of them recommended their physician to other patients to be treated by him/her at a significance of (*P*-value=0.05, OR= 4.6).

Inpatient satisfactions with the overall nursing care were 247(58.5%). satisfaction of patients with the overall nursing care is statistically significant at (*P*-value=0.05, OR= 3.2). Two hundred sixty nine (63.7%) of the respondents evaluated nurses knew their responsibilities. Nurses understanding of their responsibilities were associated with inpatient satisfaction at (*P*-value=0.05, OR= 2.87).

Concerning the nurses' immediate response to patients' questions 245(58.1%) of them were responded immediately at (*P*-value=0.05, OR= 2.13). More than three-fourth 289(68.5%) of the nurses did not informed sites of latrine, water supply and others at time of admission for newly admitted patients. It is significant with inpatient satisfaction at (*P*-value=0.05, OR= 2.26).

With regard to the permission of patients to nursing care, almost half 208(49.3%) of the patients were not asked for their permission towards nursing care. The nurses provision of nursing care based on patients' willingness were associated with inpatient satisfaction at (*P*-value=0.05, OR= 3.5), Two hundred thirty two (55%) respondents replied nurses explain procedures to their patients before performing procedure for their patients at (*P*-value=0.05, OR= 2.83), and 196(46.4%) of patients replied they and their nurse decide together for any intervention at (*P*-value=0.05, OR= 2.2). With regard to drug prescription, 174(41.2%) of pharmacists described the side effects of drugs to their patients and associated at (*P*-value=0.05, OR= 3.4).

Table 2: Variables associated with inpatient satisfaction, Nekemte, Ethiopia.

Independent variables having association with the dependent variable	characteristics	Dependent variable Have you been satisfied with the care rendered to you? Yes	No	Total	*P*-value	OR
Sex	Male	63	169	232	0.01	0.46
	Female	85	105	190		
Total		148	274	422	0.05	1.85
Are the guardians accepting you warmly and friendly?	Yes	46	51	97	0.01	1.851
	No	102	223	325		
Total		148	274	422		
Are the card room staffs polite?	Yes	62	77	139	0.01	1.844
	No	86	197	283		
Total		148	274	422		
Are the card room staffs discriminating patients?	Yes	110	141	251	0.01	2.73
	No	38	133	171		
Total		148	274	422		
Are you visiting health facility regularly?	YES	79	111	190	0.05	1.681
	NO	69	163	232		
Total		148	274	422		
Would you recommend the services at this hospital to someone else?	Yes	102	138	240	0.01	2.185
	No	46	136	182		
Total		148	274	422		
Do physicians are respecting their duties?	Yes	114	149	263	0.01	2.813
	No	34	125	159		
Total		148	274	422		
Are they available during working hours?	Yes	116	150	266	0.01	2.997
	No	32	124	156		
Total		148	274	422		
Are they patient when treating you?	Yes	111	131	242	0.01	3.275
	No	37	143	180		
Total		148	274	422		
Are they communicating your problems to you?	Yes	121	142	263	0.01	4.165
	No	27	132	159		
Total		148	274	422		
Do you believe that you got adequate examinations from your physician?	Yes	129	182	311	0.01	3.432
	No	19	92	111		
Total		148	274	422		
Do you recommend your physician to others?	Yes	120	132	252	0.01	4.610
	No	28	142	170		
Total		148	274	422		
Would you comeback to be treated by your physician?	Yes	118	179	297	0.01	2.088
	No	30	95	125		
Total		148	274	422		
Do nurses know their responsibilities?	Yes	116	153	269	0.01	2.867
	No	32	121	153		
Total		148	274	422		
Are you satisfied with the overall nursing care?	Yes	112	135	247	0.01	3.203
	No	36	139	175		
Total		148	274	422		
Are nurses responding immediately to your questions?	Yes	103	142	245	0.01	2.128
	No	45	132	177		
Total		148	274	422		
Do nurses informed you sites of latrine, water supply & others at time of admission?	Yes	64	69	133	0.01	2.264
	No	84	205	289		
Total		148	274	422		
Are the care given to you based on your willing?	Yes	104	110	214	0.01	3.524
	No	44	164	208		
Total		148	274	422		
Do nurses explain procedures to you before intervention?	Yes	105	127	232	0.01	2.826
	No	43	147	190		
Total		148	274	422		
Have you and your nurse decide together any intervention rendered to you?	Yes	87	109	196	0.01	2.159
	No	61	165	226		
Total		148	274	422		
do pharmasists told you about side effects of drugs?	yes	89	85	174	0.01	3.354
	No	59	189	248		
Total		148	274	422		

DISCUSSION

The overall satisfaction of patients with health care provision at Nekemte referral hospital was 322(76.3%) including those who were neutral. This finding was almost similar with the study conducted at selected health facilities in six regions of Ethiopia depicted that the percentage for high mean score satisfaction with health providers' characteristics ranged from 77.25% to 93.23% (Ministry of Health, 2003). It is within the mean average of the six regions. The possible reasons for the similarities might be all the above mentioned researches were conducted in Ethiopia.

According to this study 326(77.3%) of the respondents recommended other patients to come and be treated at Nekemte Referral hospital. This finding is higher than a study conducted in Iran 65% of patient recommended their friends to be treated in the hospital (Abbas Hajifathali *et al*., 2008). This finding is also comparable with studies that showed satisfaction is related to more partnership building, more social conversation, courtesy, clear communication and information, respectful treatment, and length of consultation, cleanliness of facility, drug availability and waiting time (Ford, Bach and Fottler, 1997; Perrin, Kuhlthau and Walker, 1997). Patients' recommendation of the hospital services to someone else (*P*-value=0.05, OR= 2.2), respect of physicians to their duties (*P*-value=0.05, OR= 2.8), coming back of patients to the hospital to be treated by their physicians (*P*-value=0.05, OR= 2.1), were moderately associated with inpatient satisfaction.

According to the findings of this study, 337(79.9%) physicians were respecting their duties, 343(81.3%) of the physicians were available during the working time, 242(57.3%) of them were patient in treating their clients and 356(84.4%) were communicating their patients' problems to them. This finding is comparable with a study conducted in Rural Bangladesh found that Clear explanation of procedures by physicians and decision making participation by patients has been shown to positively influence clinical outcomes. Moreover the attitudes and behaviour of health professionals are known to have an important influence on patient care and quality of care (Jorge, Herga and Ahmed. 2001). Communication of physicians with their patients' problems (*P*-value=0.05, OR= 4.16), timely service of patients after arrival to the hospital, (*P*-value=0.05, OR= 3.1), physicians availability during working hours (*P*-value=0.05, OR= 3.0), patience of physicians when treating their patients (*P*-value=0.05, OR= 3.3), patients expectation in getting adequate examinations from their physician (*P*-value=0.05, OR= 3.43), patients recommendation of their physician to others (*P*-value=0.05, OR= 4.6), nurses understanding of their responsibilities (*P*-value=0.05, OR= 2.87),were strongly associated with inpatient satisfaction.

Courtesy and respect of patients were the most important aspect of health services. The degree of satisfaction with the courtesy and respect offered by the providers during clients visits were highly satisfied 194(46%), moderately satisfied 194(46%), neutral 15(3.6%), moderately dissatisfied 9 (2.1%) and highly dissatisfied 10(2.4%). This finding is comparable with a study that pointed out that high patient satisfaction is associated with greater trust in caregivers, improved compliance with treatment recommendations and a better quality of life (QOL) and in Egypt participants in a discussion group complained about the attitude of staff at a local rural hospital with one respondent summing up the experience "They have their noses up in the air and neglect us" (Ministry of Health, 2003). Another study in Bangladesh found that the most powerful predictor for client satisfaction with health services was provider behavior, especially respect and politeness. and another studies done at selected health facilities in six regions of Ethiopia depicted that the percentage for high mean score satisfaction with health providers' characteristics ranged from 77.25% to 93.23% (Dagnew and Zakus, 1997). The quality of physician–patient relationships and interactions are themselves important in influencing health outcomes. Clear explanation of procedures by physicians and decision making participation by patients has been shown to positively influence clinical outcomes. Moreover the attitudes and behaviour of health professionals are known to have an important influence on patient care and quality of care. (Peter A. Berman, 2000). From the above, one can generalize provision of health care is not only physical care but also psychological, interpersonal cares and communication skills.

Satisfactions of respondents with Courtesy of nursing staff 179(42.4%), physicians 100(23.7%), laboratory technologists 87(20.6%), food services 42(10.0%) and 14(3.3%).This is comparable with a study done in Tigrai Zonal Hospitals found satisfaction was rated highest with courtesy and respect by the health workers with 93.8% satisfaction rate (Girmay Adane, 2006).

Inpatient satisfactions with the overall nursing care were 247(58.5%), 269(63.7%) of nurses knew their responsibilities, 245(58.1%) of them were responded immediately to their patients' questions, 232(55%) nurses explain procedures to their patients before performing procedure and. This finding indicated almost more than half of the nurses recognize their duties but it also require great attention to improve their activities. On the other side more than three-fourth 289(68.5%) of the nurses did not informed sites of latrine, water supply and others at time of admission for newly admitted patients and almost half 208(49.3%) of the patients were not asked for their permission towards nursing care, 226(53.6%) nurses did not decide together with their patients about nursing intervention.

Satisfaction of patients with the overall nursing care (*P*-value=0.05, OR= 3.2), nurses immediate response to their patients' questions (*P*-value=0.05, OR= 2.13), nurses provision of information the sites of latrine, water supply and others to their patients at time of admission (*P*-value=0.05, OR= 2.26), nurses provision of nursing care based on patients' willingness (*P*-value=0.05, OR= 3.5), nurses' explanation of procedures to their patients before intervention (*P*-value=0.05, OR= 2.83), decision of care by the nurse and patients (*P*-value= 0.05,OR= 2.2), pharmacists provision of information the side effects of drugs (*P*-value=0.05, OR= 3.4), were strongly associated with inpatient satisfaction (Table 2).

CONCLUSIONS

The overall satisfaction levels of inpatients with health care providers were relatively high 322(76.3%). The levels of inpatient satisfaction with the duties of physicians were higher than the duties of nurses and pharmacists. However, the physicians were less patient in treating/communicating with their clients. Inpatient

satisfactions with the overall nursing care were 247(58.5%). The responsibilities of nurses and pharmacists to their duties, the nurses' immediate response to patients' questions, the nurses negligence in informing sites of latrine and water supply, nurses not explaining procedures to their patients before performing procedure for their patients were nearly half (50%). The pharmacists' descriptions of the side effects of drugs to their patients were 174(41.2%).

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